TE URU
KAHIKATEA

TUK MAORI WORKPLAN 2011-2017
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For information about public health, public health careers or for a copy of Te Uru Kahikatea (TUK).
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INTRODUCTION

The New Zealand health system faces a doubling of demand over the next decade at a time when health spend is at or close to what can be afforded. As the focus shifts towards clinical leadership and the development of clinical workforces, the Maori public health workforce faces some real challenges. These relate to the need for strong leadership, the ability to demonstrate relevance and effectiveness, improving the quality of the workforce, and providing a coherent and cross-sectoral perspective of whanau ora.

‘Maori public health action is action which improves the health of the whole Maori population. It is driven by the Maori right to health as indigenous peoples and Treaty partners and takes account of the disproportionate health needs of Maori (Ratima and Ratima 2004)’. Advances in Maori health can be directly attributable to Maori public health leaders, such as: Maui Pomare, Sir Peter Buck, Princess Te Puea Herangi, Dame Whina Cooper, and latterly Dr Paratene Ngata and Professor Sir Mason Durie. These leaders have been able to mediate the intersection between the Maori world view and the world of western science and technology, and to make material gains to Maori health outcomes. But as in times past, effective gains can only be achieved when Maori leaders are assisted by workforces that are both culturally and clinically competent.

Te Uru Kahikatea (TUK) is the national workforce development plan to support the growth and development of the public health workforce in Aotearoa, New Zealand (Ministry of Health 2007). TUK has nine objectives.

1. Establish an integrated, staircased framework of training, qualifications and ongoing education in public health.
2. Strengthen the Maori public health workforce to improve Maori health and reduce inequalities.
3. Strengthen the Pacific public health workforce and the capability of the non-Pacific workforce to improve Pacific health and reduce inequalities.
4. Build infrastructure for public health professional development.
5. Strengthen the public health capability of the wider health workforce.
6. Advance workforce planning and capacity building to grow the public health workforce.
7. Strengthen the public health workforce information, policy and research base to inform ongoing public health workforce development.
8. Nurture and develop supportive workplace cultures to achieve optimal workforce capability and capacity.
9. Increase the understanding of, and promote careers in, public health.

The focus of this action plan directly relates to objective 2. While this plan has its genesis in Te Uru Kahikatea (2007), in fact, it compliments and progresses work undertaken by Phoenix Research (2004), Raranga Tupuake: Maori Health Workforce Development Plan (2006), and E Ara Tauwhaiti Whakarae: National Maori Public Health Workforce Development Implementation Plan, completed in 2007.
E Ara Tauwhaiti Whakarae identified a series of public health workforce actions that together would ‘impact positively on the reduction of health inequalities, strengthen the capacity and capability of the workforce, and ultimately equip the workforce to respond effectively to the health needs of Maori now and into the future’. This action plan takes into account those actions.

In seeking to resolve these challenges, the expectations and accountabilities of both the government and Maori communities, this plan has identified eight key priority areas to build the capacity and capability of the Maori public health workforce over the next three years. They are:

- Maori public health career pathways
- Maori cultural competencies and the generic public health competencies
- Professionalising the Maori public health workforce
- Development of Maori public health networks
- Mentoring
- Providing support for the Maori public health workforce in mainstream organisations
- Developing whanau, hapu, iwi and Maori communities
- Maori public health workforce intelligence.
KEY PRIORITY AREA 1: MAORI PUBLIC HEALTH CAREER PATHWAYS

A career pathway is a coherent and graduated sequence of development from study to workplace practice leading to career advancement and personal fulfilment. Career pathways are important not only because they provide personal opportunities to grow and develop, but also because they underpin the very essence of the health system itself. Without them both individual and organisational potential is limited and the ultimate goal of improving (Maori) public health outcomes is diminished.

A report on the recruitment and retention of Maori in the health and disability workforce undertaken by Taupua Waiora in 2007 identifies five distinctive pathways to a career in health: pre-secondary school, secondary school and second chance entry, tertiary education, transition to the workforce, and the workforce phase. In addition, a range of activities have been identified by researchers (Ratima and Ratima 2004) to increase Maori participation in tertiary training.

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<th>AIM</th>
<th>OBJECTIVES</th>
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| To increase career pathways for the Maori public health workforce. | 1. To promote career pathways for Maori public health workforce.  
2. To provide information for Maori about funding support available to access public health training.  
3. To recruit and retain more Maori into the public health workforce. |

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<th>ACTIONS</th>
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| 1. Encourage Maori provider organisations to support career pathways for their Maori public health workforce. | 1.1 Support the promotion of the Maori Provider Development Scheme as a mechanism for training and career development, for the Maori public health workforce.  
1.2 Support the promotion of Hauora Maori scholarship and other funding/fees grants available to the Maori public health workforce. |
| 2. Increase awareness of different pathways available for public health tertiary training relevant to the Maori workforce. | 2.1 Compile public health tertiary training and scholarship information.  
2.2 Publish on www.publichealthworkforce.org.nz nationally available public health tertiary training. |
| 3. Build an integrated staircase of public health qualifications to increase Maori access to qualifications at all levels. | 3.1 Influence the delivery of the Certificate in Public Health to ensure it meets the needs of the Maori Public Health workforce.  
3.2 Work with universities and other tertiary training organisations to build smooth education pathways for the Māori public health workforce. |
| 4. Support the development of Maori public health practitioners working in non-Maori settings. | 4.1 See priority area 6. |
KEY PRIORITY AREA 2: MAORI CULTURAL COMPETENCIES AND THE GENERIC PUBLIC HEALTH COMPETENCIES

Maori and other New Zealanders have high expectations of our health services. Those expectations relate not only to the quality of clinical care, but increasingly to the quality of cultural competence exercised in respect of those services. Cultural and technical competence facilitates improved access to services and health outcomes. Low levels of Maori cultural competence as well as the low value given to this, were identified as barriers to the retaining of Maori in the health workforce. On the other hand, facilitators of Maori retention included recognition and valuing of Maori cultural competencies and practice models, paid cultural competency and professional development and culturally safe and reinforcing work environments (Taupua Waiora 2007).

For some time now, public health organisations have debated the implementation of both Maori cultural and generic public health competencies across the sector. This plan recommends that both sets of competencies be trialled and evaluated for effectiveness. Maori will work collaboratively on the design and implementation of Maori cultural competencies that will best support the full range of roles and careers of Maori working in non-regulated and community oriented health settings.

AIM

To support the development of Maori cultural competencies for use by the Maori public health workforce and others, and make recommendations on how the generic public health competencies might be implemented using Maori methods of teaching and learning.

OBJECTIVES

1. To participate and support the development of Maori cultural competencies for use by the Maori health workforce.
2. To support the implementation of cultural competencies.

ACTIONS | TARGETS
--- | ---
1. Implement Maori public health cultural competency framework. | 1.1 Work with health providers to support the integration of cultural competencies in their service development and design.
2. Provide guidance and support on how the generic public health competencies are implemented using Maori methods of teaching and learning. | 2.1 Ensure that Tertiary Education Organisations delivering the Certificate in Public Health use Maori models of learning.
KEY PRIORITY AREA 3: PROFESSIONALISING THE MAORI PUBLIC HEALTH WORKFORCE

In 2007, Te Uru Kahikatea endorsed the need to ‘build infrastructure for public health professional development’ and to ‘establish professional developmental mechanisms for key public health groups to lead professional development, develop competencies and standards, and achieve external recognition (Ministry of Health 2007)’. Health promotion and health protection disciplines at least, are seeking to better articulate their credentials and place in the sector through the formation of a formal professional body or bodies.

The Maori public health workforce is increasingly recognising the need for standards, accreditation, and evidence based best practice. These accountability measures assure the public that certain standards of quality are being met.

AIM

To support the development of Maori public health professionals.

OBJECTIVES

1. To support the establishment of a professional body/bodies to advance the workforce needs of Maori and other public health practitioners.
2. To assess the implications of establishing a minimum entry qualification for public health practitioners.
3. To encourage Maori public health practitioners to engage in continuous and lifelong professional development.

ACTIONS

1. Support the current work on increasing professionalisation and qualifications requirements for the unregulated public health workforce.
   (Linked to TUK Workplan 2010–2011 objective 4)

2. Ensure Maori participation in determining future directions for public health professional development.

TARGETS

1.1 Work with the Health Promotion Forum and the Ministry of Health to ensure Maori needs are being met in moving towards professionalisation.
1.2 Gather the view of the Maori public health workforce regarding the establishment of a society of health promoters.
1.3 Consult the Maori public health workforce on the implications of professionalising the health promotion workforce and provide a report and recommendations on managing issues and promoting opportunities.

2.1 The views of the Maori public health workforce are incorporated into any future work on public health professional developments.
2.2 Active Maori participation on the sector reference group and other entities supporting the development of a professionalisation of the public health workforce.
KEY PRIORITY AREA 4: DEVELOPMENT OF MAORI PUBLIC HEALTH NETWORKS

Over half of the respondents (56%) interviewed as part of Te Rau Matatini’s survey of the Maori public health workforce identified networking as a key professional development need (Te Rau Matatini 2007). The establishment of cross-sectoral fora between Maori health workers in primary, mental health, secondary and tertiary, and community health services at a local and national level is an effective method of sharing knowledge and resources to build expertise and further develop Maori public health initiatives and communicating a public health approach to improving health outcomes for Maori. It provides a mechanism for communication and planning, a process for action and fits within and builds on Maori cultural paradigms of collaboration.

The ability to network with other Maori in the profession was also identified in the Rauringa Raupa research as a factor which contributed to the retention of the Maori health workforce (Taupua Waiora 2007).

AIM

To foster the growth and development of forums that can contribute to building the Maori public health workforce.

OBJECTIVES

1. Continue to support the development of Tautoko PHL – the national Maori public health leadership forum. ¹
2. To hold biannual national Maori public health hui.

ACTIONS

| TARGETS |
|------------------|------------------|
| Maintain the current level of support and investment for Tautoko PHL – the national Maori public health leadership forum. | Provide resources to support the running of Tautoko Public Health Leaders. |

2. Investigate options for using electronic tools to build Maori public health networks.

2.1 Implement Maori public health sector advice on suitable options for electronic networking.


3.1 Hold forum/symposium/hui for the Maori public health workforce.

¹ Tautoko Public Health Leaders (PHL) was established in April 2009 as the national Maori Public Health Leadership forum. The forum is an initiative sponsored by participants on the Ministry of Health’s Maori Public Health Leadership programme run by Digital Indigenous.com. Tautoko PHL seeks to provide support and guidance (including mentoring, coaching and training and development opportunities) for Maori public health leaders and their whanau.
KEY PRIORITY AREA 5: MENTORING

In general terms, mentoring is a formal relationship where support, advice and guidance is provided in a confidential and non-judgemental way such that the person being mentored is able to realise his or her potential more quickly. Thus, not only are there personal and professional advantages associated with the mentoring process, there are economic benefits that relate directly to improved performance and productivity.

Mentoring programmes have an established history in the workplace and in business/management literature, typically as an expansion alongside workplace training models and as a tactical retention tool. Mentoring can be defined as a mixture of three elements:

1. a variety of support systems for employee growth and development
2. a means of passing along institutional memory
3. coaching for employee improvement.

As a result of the research undertaken for this plan, four potential mentoring categories were identified:

1. Te Roopu Tuatahi – those who have already completed public health tertiary qualifications
2. Te Roopu Tuarua – new recruits into the public health workforce
3. Te Roopu Tuatoru – maintaining and retaining the current workforce

Based on the research contained within the report Raurininga Raupa (2007), and supported by the work undertaken by Te Rau Matatini (2007), and ourselves, we concluded that a mentoring programme targeting Roopu 2 and 3 be piloted.

AIM

To provide advice on the development of a mentoring programme for Maori public health practitioners.

OBJECTIVES

1. Provide advice to the Ministry of Health regarding an appropriate mentoring model(s) for Maori.

ACTIONS | TARGETS
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1. Identification of potential mentoring models for use in the public health sector. | 1.1 Review national and overseas literature with a particular focus on indigenous public health mentoring.
 | 1.2 Report on the findings to the Ministry and make recommendations regarding an appropriate mentoring model for Maori.
 | 1.3 Develop and implement a pilot project to trial the mentoring model.
 | 1.4 Monitor and evaluate the results of the pilot.
Maori organisations account for 39% of public health organisations and 30% of both public health positions and FTEs (Pheonix Research 2004a). However, almost half of all dedicated Maori positions (46%) are located in mainstream organisations and whilst there are many Maori who are entirely satisfied working in these environments, Maori working in Public Health Units reported they were ‘significantly more likely than the total Maori workforce to be somewhat dissatisfied with their current health roles’ (Pheonix Research 2004a). There may be many reasons why the Maori public health workforce might be dissatisfied with their current roles, but if there are systemic or structural issues that impede the ability of an individual (or persons) to realise their potential, then these are matters that need to be addressed. As noted in E Ara Tauwhaiti Whakarae (2007) systemic barriers limit Maori health development and service delivery and can prevent retention of Maori staff and stifle ongoing best practice development.

**AIM**

To support the development of Maori public health practitioners working in mainstream settings.

**OBJECTIVES**

1. Identify and address barriers to Maori workforce development in mainstream settings.
2. Support the professional development of Maori public health practitioners working in mainstream settings.

**ACTIONS**

1. Better understand the barriers/issues to career development and workforce development opportunities that inhibit Maori in the public health workforce.

**TARGETS**

1.1 Obtain information about the Maori public health workforce working in non-Maori organisations to identify career and workforce development barriers/issues.
1.2 Report on the interviews to the public health sector reference group for further consideration and agreement on actions.
KEY PRIORITY AREA 7:
DEVELOPING WHANAU, HAPU, IWI AND MAORI COMMUNITIES

Within Maori communities are whanau who work from a public health perspective both formally and voluntarily. Public health can contribute resources and expertise to strengthen the initiatives being led by whanau, hapu, iwi and Maori communities. This type of positive impact will increase the Maori health knowledge and expertise in public health.

AIM

To develop and support Maori public health workforce activity in whanau, hapu, iwi and Maori communities.

OBJECTIVES

1. Using public health networks identify examples of innovative Maori public health workforce practice (in whanau, hapu, iwi and Maori community settings) that could be replicated in other areas.

ACTIONS

1. Working with whanau, hapu, iwi and Maori communities collate and share examples of innovative Maori public health initiatives through Maori and other public health networks.

TARGETS

1.1 Compilation of innovative Maori public health initiatives is disseminated using Maori and other networks. (Linked to Key Priority Area 4)

1.2 Innovative Maori public health initiatives with whanau, hapu, iwi and Maori communities are profiled at the Maori Public Health Leadership biannual forum/symposium/hui.
KEY PRIORITY AREA 8: MAORI PUBLIC HEALTH WORKFORCE INTELLIGENCE

If we are to successfully plan for the Maori public health workforce now and into the future, then we will need access to high quality information that is relevant, timely and accurate. The ability to monitor strategies to increase the number of Maori working in the health and disability sector including public health is essential.

**AIM**

To improve Maori public health workforce data and information to support building Maori workforce capacity.

**OBJECTIVES**

1. Monitor strategies and maximise opportunities to increase the number of Maori working in public health.

**ACTIONS**

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<td>1. Utilise existing Ministry of Health mechanisms that monitor the data collection and analysis of Maori working in the health and disability sector.</td>
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<tr>
<td>1.1 Regular and ongoing collection and reporting of relevant Maori public health workforce information and data.</td>
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REFERENCES


Taupua Waiora. 2007. Rauringa Raupa: Recruitment and Retention of Maori in the Health and Disability Workforce. Auckland: Auckland University of Technology

Please see www.publichealthworkforce.org.nz for more information about public health, Te Uru Kahikatea (TUK), the TUK workplan or public health careers and opportunities.